

Operationalizing CQI in Your Skills Verification Program

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Goals and Objectives

- Understanding CQI (Continuous Quality Improvement) and Its Relationship to Everyday LSA Operations
- Describe Tools to Measure CQI Performance Within Your MCA
- Understand the Importance of a Culture of Quality Improvement Across an MCA

Education and Certification

- Evolution From a One Time Event to a Paradigm of Continuous Learning and Assessment
- Medicine is Dynamic Both in the Field and the Hospital
- Quality is a Function of Education with an Emphasis on OUTCOMES
- Here is Where Measurement is Key

Education and Certification

- Standards are Set for Minimum Competencies
- Protocols and Science Changes and Skills and Knowledge May Erode with Time
- Gone Are the Days of a Single Assessment
- Medicine Mandates a Different Approach
- ABMS, ABEM/ABOEM, National Registry, etc.

Going Forward...

- You Must Understand Where You Are and Where You Have Been
- You Must Get the Data
- You Must Ask the Questions
- You Must Maintain a Paradigm of Education and not Punishment
- You Must Not Compromise Your Standards

Macomb County CQI

- Skills Assessment was Mandated by MCMCA Board
- Opened the Door for Discussions on EMD, CEs, Licensure, Protocol Education, etc.
- Evolved Into LSA Interviews
- What You Don't Know, You Don't Know
- Asking the Questions Gets Things Going

Macomb MCA Overview

- Macomb County
 - 9th smallest county
 - 3rd in population (840,000)



Macomb MCA Overview

- Macomb County MCA
 - 27 Life Support Agencies
 - 17 ALS
 - BLS
 - MFR
 - 24 fire service based



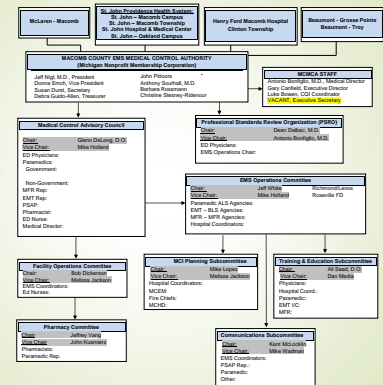
Macomb MCA Overview

- Macomb County MCA Board
 - 8 member hospitals in Macomb, Oakland and Wayne Counties
 - Four health systems
 - Beaumont
 - Henry Ford
 - McLaren
 - St John-Providence

Beaumont HEALTH SYSTEM



McLaren HEALTH CARE



Skills Assessment

- 13 of 17 Advanced LSA's have been assessed to date
- Assessment includes a 40 question written test
 - Questions relating directly to MCMCA protocols
 - Written by the Training and Education Committee (Physicians and EMS I/C's)
 - 70% pass rate required.
 - First time test results range: 84-92%
 - Less than 5% have needed to retest

Skills Assessment

- Assessment also includes two oral scenarios
 - One trauma and one medical oral scenario
 - Adult: Medical-STEMI Trauma: Fall
 - PEDS: Medical-Resp. Trauma: Shaken baby
 - Written by the Training and Education Committee (Physicians and EMS I/C's)
 - The NREMT oral scenario template and scoring tool are utilized to provide a recognizable and objective format
 - Administered by physicians in an "Oral Board" fashion Role playing encouraged
 - Critical elements are necessary to pass

Skills Assessment

- New paradigm for most providers
- Almost all "did their homework"
- Visits were often unannounced to crews
- Random selection process in many LSAs to allow for a truer sample and score
- 25% of providers (no less than three)
- Post test debriefing and feedback
- Bark was worse than the bite

MCA and EMS Coordinator Interviews

- Face to face interviews with LSA's in Macomb County ALS, BLS, MFR
- Goal was to understand CQI on an agency level
- Opportunity to identify best practice and areas of need
- A set of "talking points" was devised to guide the discussion and promote a dialogue
- Many topics discussed: SOPs, licensure, CEs, run reviews, data collection and storage, feedback loops

MCA and EMS Coordinator Interviews

- A range of LSA QA programs has been identified
 - From well designed and all encompassing to "barely there"
 - The "barely there" programs are often related to available resources (primarily) and sometimes to agency knowledge of quality assurance/quality improvement (the minority of cases)

MCA and EMS Coordinator Interviews

- Data will be tallied and minimum standards for CQI will be formulated
- Best practice will be encouraged
- All boats rise with the tide
- Educational opportunities have been identified and opportunities for shared resources across LSAs
- No longer a silo approach

